APPLICATION FOR RECORDS RETENTION SCHEDULE

**OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION**

INSTRUCTIONS: See Publication No. 76–RM–1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Department of Offender Rehabilitation 800 Peachtree Street, NE Atlanta, Georgia 30365	**Application Number** 81-415
Application Number		**Date Received** SEP 1 0 1981 **Date Completed** NOV 1 0 1981

2. Person to Contact
Susan Davis

Working Title
Records Management Officer

Telephone Number
894-5562

3. Action Requested

a. ☑ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series
Earliest   Latest
                     07-02-81

5. Records Series Title *(followed by title used in office; if different)*

Cumulative Academic or Vocational Student Record File

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

Educational Services provides Academic and/or Vocational training in order to prepare public offenders with marketable skills.

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any)*:
Attach samples of the file.

Documents relating to: Recording Academic or Vocational training of individual students in State Correctional Institutions.

Included are: Standardized Achievement Test Scores (Profile Sheet) Study Schedule/Flow Charts, Physical Evaluation if for education purposes, Quarterly Supervisor Evaluation, Transcript information, A Record of Disclosures Form (PI), Advisement Form, (PI) of the Privacy Right of Parents and Students, Vocational Rehabilitation's Evaluation Data, Georgia Diagnostic Center Evaluation and Test Data. Personal Information Form (PI) G.E.D. Diploma/and Transcript, Vocational Certificates and other related Coorespondence.

Special Education Materials: (See Attached Sheet).

File is arranged: Fiscal Year, aphabetically by surname of Student.

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____;
twenty-five months and older _____?

9. Annual Rate of Accumulation of Records
Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Privach Act, Georgia Code
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? Federal Audit Value
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. Complete Print out for Inmate Data Bank, Evaluation Reports
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law _____ years.   d. Audit period _____ years.
b. Statute of limitation _____ years.   e. Administrative need _____ years.
c. Federal law _____ years.   f. Federal retention instructions ____5____ years.

Attach copy or excert of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

☐ Hold in the current files area _____ month(s) _____ year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☒ Other (Specify)

When student leaves Institution remove folder from active file and place in
inactive file; cut off inactive file at end of each calendar year, hold in
inactive file area 5 years; then destroy. NOTE: If at the end of the 5 year
retention period a Federal audit is in progress, retain this file until
completion of the Federal audit; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
		Susan Dawis	8/31/81

		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		10-19-81
	Secretary of State/Designee	Carroll Hart	10-19-81
	Attorney General/Designee		V-1-81

AR—50—71; Rev. 76   (Reverse Side)